



Do you have a child in your district with a cochlear implant or hearing aid?



FACTS ABOUT HEARING LOSS IN CHILDREN



There are three types of hearing loss:

- * **Sensorineural hearing loss** (or nerve-related deafness) involves damage to the inner ear caused by aging, pre-natal and birth-related problems, viral and bacterial infections, heredity, trauma, exposure to loud noise, fluid backup or a benign tumor in the inner ear. Almost all sensorineural hearing loss can be treated with hearing aids.
- * **Conductive hearing loss** involves the outer and middle ear and may be caused by wax blockage, punctured eardrum, birth defects, ear infection, trauma or heredity. Often, conductive hearing loss can be treated medically or surgically.
- * **Mixed hearing loss** refers to a combination of conductive and sensorineural loss and means that a problem occurs in both the outer or middle and the inner ear.



Even mild hearing loss can significantly interfere with the reception of spoken language and education performance. (Bess et al. 1998)



Children with mild hearing loss miss 25–50% of speech in the classroom and may be inappropriately labeled as having a behavior problem. (Flexer 1994)



Children with unilateral hearing loss (in one ear) are 10 times as likely to be held back at least one grade compared to children with normal hearing. (Oyler et al. 1998)



Over 60% of individuals who wear hearing aids are fit with two hearing aids. The benefits of wearing two hearing aids are enhanced ability to hear better in the presence of background noise, determine where sound is coming from and hear soft sounds at lower levels. (Hearing Loss Association of California Fact Sheet: www.hearinglossca.org/html/fact.htm)



Each year in the United States, more than 12,000 babies are born with a hearing loss. Hearing loss is the number one birth defect in the country. (www.cdc.gov/ncbddd/ehdi)



Approximately 1 in 1,000 newborns (or 33 babies every day) is born profoundly deaf (with significant permanent hearing loss). (www.cdc.gov/ncbddd/ehdi)



Infants identified with hearing loss can be fit with amplification by as young as 4 weeks of age. With appropriate early intervention, many children who are deaf or hard of hearing can be successfully mainstreamed in regular elementary and secondary education classrooms. (Joint Committee on Infant Hearing Year 2000 Position Statement)



Virtually all babies born in Missouri and Illinois have a hearing screening at birth.



Early identification and intervention combined with appropriate hearing technology – hearing aids and cochlear implants – enable many children who are deaf or hard of hearing to develop language skills comparable to their hearing peers. (Johnson et al. 1993)



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Oyler, R., Oyler, A. & Matkin, N. (1998). Unilateral hearing loss: Demographics and educational impact. *Language, Speech and Hearing Services in Schools*, 19, 201–209.